## **BEST AVAILABLE COPY**

PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  ### Company 1, 2003												35	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			7				F	RATE	FEE		RATE	FEE	
FOR			NUMBER F	ILEO	NUMBER EXTRA		ВА	BASIC FEE 375.00		OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			71 minus 20= *			<i>J</i> :	7	X\$ 9=			X\$18=	18	
INDEPENDENT CLAIMS			3 minus 3 = *			0	,	X42=			X84=	- 0	
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT				<b> </b>	140=		OR OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						T	OTAL		OR	TOTAL	768		
L CLAIMS AS AMENDED - PART II										J.	OTHER		
کے	131105	(Column 1)	(Column 2) (Column 2) HIGHEST			(Column 3)	S	MALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 18	Minus	<b>*</b> 2	1	=	<b>\</b>	(\$ 9=		OR	X\$18=		
	Independent	* 3	Minus	***	<u> </u>	l=	>	(42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=		OR	+280=	·	
•							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	,			•			
AMENOMENT B		CLAIMS REMAINING		HIGH NUM		PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT		PREVK PAID	OUSLY	EXTRA	F	MTE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		s .	×	<b>(\$ 9=</b>		OR	X\$18=		
	Independent	*	Minus	***		-	>	(42=		OR	X84=		
Щ	FINO I PRESE	NIAHUN OF MI	JETIPLE DEF	TIPLE DEPENDENT CLAIM			+	140=		OR	+280=		
	-			•			<u> </u>	TOTAL		OR	TOTAL		
								NT. FEE		, •	ADDIT. FEE		
		CLAIMS		HIGH	EST				ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	F	ATE	TIONAL FEE	_	RATE	TIONAL FEE	
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=		
WE	Independent	•	Minus	***		=	,	(42=			X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- · <del>-</del>		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in-column 3.										+280=			
**	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pa					r found i	in the ap	propriate bo	k in co	lumn 1.	•	

Application or Docket Number